



## APPLICATION DATA SHEET

### APPLICATION INFORMATION

Application number:: 10/082,636  
Filing Date:: 02/25/2002  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R? None  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?:: Yes  
Computer Readable Form (CRF)?:: Yes  
Number of copies of CRF:: 1  
Title:: ~~IN VITRO ENGINEERED CARTILAGE~~  
~~CONSTRUCTS PRODUCED BY COATING~~  
~~BIODEGRADABLE POLYMER WITH~~  
~~HUMAN MESENCHYMAL STEM CELLS~~  
TRABECULAR BONE-DERIVED HUMAN  
MESENCHYMAL STEM CELLS  
Attorney Docket Number:: 003252-052901  
Request for Early No  
Publication?::  
Request for Non-Publication?:: No  
Suggested Drawing Figure:: 1

Total Drawing Sheets:: 5  
Small Entity?:: Yes  
Latin name::  
Variety denomination name::  
Petition included?:: No  
Petition Type::  
Licensed US Govt. Agency:: National Institutes of Health  
Contract or Grant Numbers:: AR 39740, AR 45181, CA 71602,  
DE 12864  
Secrecy Order in Parent App.?:: No

#### **APPLICANT INFORMATION**

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: Urlich  
Middle Name::  
Family Name:: Nöth  
Name Suffix::  
City of Residence:: Würzburg  
State or Province of  
Residence::  
Country of Residence:: Germany  
Street of mailing address:: Brettreichstrasse 11  
City of mailing address:: Würzburg

State or Province of mailing  
address::

Country of mailing address:: Germany

Postal or Zip Code of mailing  
address:: D-97074

Applicant Authority Type:: Inventor

Primary Citizenship Country::

Status:: Full Capacity

Given Name:: Rocky

Middle Name:: S.

Family Name:: Tuan

Name Suffix::

City of Residence:: Bethesda

State or Province of  
Residence:: MD

Country of Residence:: US

Street of mailing address:: 6430 Brookes Lane

City of mailing address:: Bethesda

State or Province of mailing  
address:: MD

Country of mailing address:: US

Postal or Zip Code of mailing  
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**CORRESPONDENCE INFORMATION**

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**REPRESENTATIVE INFORMATION**

Representative Customer

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**OR**

Representative

Registration

Representative Name::

Designation::

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David S. Resnick

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(37 CFR Sec. 10.9(b))

Leena H. Karttunen

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**DOMESTIC PRIORITY INFORMATION**

Application::	Continuity	Parent	Parent Filing
	Type::	Application::	Date::
This Application	Utility		
10/082,636	An	60/270,974	02/23/2001
	application		
	claiming the		
	benefit under		
	35 USC 119(e)		

**FOREIGN PRIORITY INFORMATION**

Country::	Application	Filing Date::	Priority
	number::		Claimed::

**ASSIGNEE INFORMATION**

Assignee name::	Thomas Jefferson University
Street of mailing	1020 Walnut Street
address::	
City of mailing	Philadelphia
address::	
State or Province of	PA

mailing address::

Country of mailing US

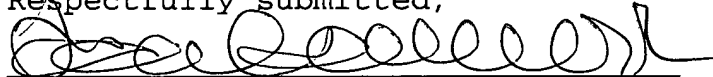
address::

Postal or Zip Code of 19107

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Date: 5/27/2004

Respectfully submitted,



David S. Resnick (Reg. No. 34,235)

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